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Recommendation for funding for short-duration country programmes**

Russian Federation, Belarus and Ukraine***

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programmes of the Russian Federation, Belarus and Ukraine. The Executive Director *recommends* that the Executive Board approve the amount of $7,467,000 from regular resources, subject to the availability of funds, and $14,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed pending receipt of final data.

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The situation of children and women

1. Women, children and young people of the Russian Federation, Belarus and Ukraine continue to bear the costs of the lengthy economic and social transition. Despite recent economic growth in Ukraine and the Russian Federation, poverty remains widespread, and children are at significantly higher risk of poverty than other vulnerable groups. Poverty affects at least 30 per cent of the population in the three countries, particularly families with children, families with low levels of education and rural families. Ukraine, with a per capita gross national income (GNI) of $700 in 2000, is a low-income country. While the causes of poverty differ from country to country, low wages, high levels of unemployment and underemployment, and rising income inequality are key factors. The annual number of live births has fallen by up to 50 per cent over the last decade in all three countries and, as their numbers decrease, children are becoming less visible in the social and political landscape.

2. Falls in GNI over the last decade have led to declining real expenditure on basic social services. In the Russian Federation, real educational expenditure per child has fallen to 56 per cent of its 1990 level, and parents now contribute more to the cost of their children's education than the State. Low salaries, often less than $100 per month, mean that many teachers must have multiple jobs in order to survive economically. Pre-school enrolment and availability have fallen markedly in the Russian Federation and Ukraine. While primary school enrolment remains universal and gender-balanced in all three countries, completion rates for the basic cycle are showing some decline, and vocational education opportunities are contracting. Serious concerns about educational quality are beginning to emerge, particularly in under-financed rural schools.

3. Falling marriage rates and increases in the divorce rate (which has doubled in Belarus since 1990) reflect social instability and lack of confidence about the future. While all three countries have achieved decreases in infant and child mortality over the last decade, there are serious concerns about the levels of child and adolescent morbidity and disability. Significant regional disparities exist in the Russian Federation with regard to child health. Infant mortality in 2000 ranged from 36 per 1,000 live births in the Tuva Republic to 10 in the Samara region. In all three countries, low levels of naturally occurring iodine and limited availability and consumption of iodized salt expose children to iodine deficiency disorders (IDD). Tuberculosis and respiratory infections are also serious threats to child health. Maternal and child health (MCH) are jeopardized by anaemia, and rates of exclusive breastfeeding until four months of age are below 50 per cent in all three countries. The maternal mortality ratio, although decreasing in all three countries, remains at over 40 per 100,000 live births in the Russian Federation.

4. The current generation of young people has lived through a period of extraordinary change and uncertainty. The availability of age-appropriate services and information and any real understanding of their needs both remain very limited. Risky behaviour, reflecting the stresses they are under, leads to very high rates of accidental death, suicide, and alcohol and drug abuse. Trafficking of young women is a serious problem in all three countries. Rates of sexually transmitted infections (STIs) among young people in the Russian Federation and Belarus have doubled in the last decade. Closely connected with risky behaviour, the rapid growth of HIV is concentrated among young people. Currently, Ukraine and the Russian Federation

have the fastest-growing epidemics in the world; in the Russian Federation, the number of officially registered HIV cases doubled during 2001. Over 70 per cent of new infections are among young people aged between 15 and 29 years. While the epidemic began among intravenous drug users, its spread into the mainstream population is already apparent. The transmission of HIV from mother to child is a new and growing phenomenon in the three countries. At least 20 per cent of children born to HIV-infected mothers are abandoned by them, and many spend extended periods in maternity hospitals because of the lack of alternative solutions.

5. Increasing numbers of children are at risk from family breakdown, divorce, parental substance abuse and violence. In the Russian Federation, one in three children is now born outside marriage. Rising numbers of street children are evidence of a deteriorating situation. The rate of children aged 0-3 years placed in state care has doubled in all three countries since 1990, and children whose parents have been deprived of their parental rights by the courts account for over 30 per cent of new admissions to state care. At least 650,000 children are estimated to be currently in institutions in the Russian Federation, Belarus and Ukraine, including a high proportion of the growing numbers of disabled children. For most children who are disabled, abandoned or legally deprived of parental care, institutionalization is still the usual response, although alternative forms of care are beginning to emerge. Although the network of social services is growing, their capacity to identify situations of risk and to prevent family breakdown remains limited. While the rapid increase in juvenile crime rates in the mid-1990s has stabilized, numbers remain high. Alternatives to the deprivation of liberty and services to reintegrate and rehabilitate children in conflict with the law have yet to be developed.

6. Children in Chernobyl-affected areas in the three countries need special attention to promote their social and physical development and to equip them for full participation as adults. Children and young people affected by the emergency in the republics of Ingushetia and Chechnya (Russian Federation) also need continuing assistance to promote their health, development and social integration.

Programme cooperation, 1999-2002

7. The early childhood care and development (ECCD) programme had three main components. UNICEF promoted an environment supportive of breastfeeding through the certification of baby-friendly hospitals and public awareness campaigns. In the Russian Federation and Belarus, breastfeeding is now incorporated into official policy and curricula for the training of doctors and health personnel, and promotion activities have been extended beyond hospitals to other mother and child outpatient facilities. The World Summit for Children goal of eliminating IDD through universal salt iodization (USI) is still far from being achieved despite UNICEF advocacy and mobilization efforts with alliances of health authorities, consumer associations and salt producers. In the Russian Federation and Ukraine, these efforts have led to increased production of iodized salt. However, vested interests promoting alternative iodized products are an obstacle to progress towards enforceable legislation. Some progress has been made towards this objective in Belarus. UNICEF advocacy has helped to promote activities to prevent mother-to-child transmission of HIV. All three countries have formulated plans of action, and efforts are being made to ensure continuing supplies of anti-retrovirals. A training manual on the prevention of mother-to-child transmission (PMTCT) of HIV, developed jointly in Ukraine and the

Russian Federation with UNICEF assistance, is being used extensively, and dialogue on ways to ensure care for children born to HIV-positive mothers is under way. In Ukraine, a fourth ECCD component, hepatitis B vaccination, is being introduced into the national immunization programme with support from the Global Alliance for Vaccines and Immunization (GAVI).

8. In the Russian Federation, the Ministry of Health is adopting approaches to "youth-friendly" confidential and age-appropriate health services based on UNICEF-supported experiences with the young people's health and development programme. Sharing of these experiences is encouraging the creation of similar services in Ukraine and Belarus. With UNICEF support, health promotion and life skills programmes have been introduced nationally into elementary and secondary school curricula in Belarus, and on a pilot basis in the Russian Federation and Ukraine. To provide the information young people need to make the right choices, networks of youth information services have been established in all three countries. These centres also provide counselling and social support, and encourage the participation of non-governmental organizations (NGOs) and volunteers in programmes and in peer-to-peer education. In Ukraine, a UNICEF-supported pilot project on HIV prevention, which established youth-friendly environments for young intravenous drug users, is now being replicated nationally by the Government. In four cities in the Russian Federation, local youth resource centres have launched young people's health and development programmes independent of UNICEF support, but based on UNICEF experience.

9. Through the children in need of special protection programme, UNICEF advocacy contributed to the enactment of national legislation on child protection in Ukraine in 2001. Foster care has now been recognized in all three countries, and legislation enacted in Ukraine and Belarus. In the Russian Federation, programmes in major cities train outreach workers and provide safe spaces and psychological support for street children and their families. Data collection and analysis contribute to the design of responses to this little understood issue. New approaches for disabled children, including day care, rehabilitation and preparation for independent living, have been promoted, with UNICEF assistance. Networks of centres to provide preventative social and psychological assistance to families have been established in all three countries. In Belarus, discussions on the establishment of a juvenile justice system have identified the need for prevention and training for professionals. In the Russian Federation, social worker posts were established on a pilot basis in several courts and mediation techniques were introduced. Legislation to create a juvenile justice system is currently under review in the Russian parliament.

10. The social mobilization for child rights programme has helped to create alliances for child rights protection and promotion among NGOs and civil society organizations, especially during preparations for the Special Session on Children and the "Say Yes" campaign. Prominent entertainers, sports persons and politicians have lent their support to these efforts. UNICEF-initiated media activities, especially with youth media and including training and information dissemination, have built public awareness of children's rights. Children's understanding of their own rights has grown through their participation in youth forums and parliaments. In the Russian Federation, a system for monitoring child rights in schools and institutions has been introduced, and ombudsmen for children's rights are now active in 12 regions. Their experience has contributed to the preparation of

legislation for the establishment of a federal Ombudsman. The creation of this function is also under active consideration in Belarus.

11. Since late 1999, together with other United Nations agencies and donor support provided through the Consolidated Appeal Process (CAP), UNICEF has been providing emergency assistance to meet the needs of women and children affected by the crisis in the Northern Caucasus and displaced into Ingushetia or still living within Chechnya. In education, UNICEF has succeeded in providing for the enrolment in school of some 75 per cent of Chechen children living in Ingushetia, schools that, in many cases, have recreational and sporting facilities. Based on a thorough analysis, a school rehabilitation programme has been started in Chechnya, in coordination with local authorities. A comprehensive mine action programme designed by UNICEF educates teachers and children about the danger of mines, and physical and psychosocial rehabilitation are offered to child mine victims. In Grozny (the capital of Chechnya), UNICEF, together with an international NGO, has developed a large-scale water and waste disposal programme focusing on schools and hospitals. UNICEF has helped to reactivate the cold-chain system for immunization in Ingushetia and Chechnya, and supported the MCH care system in the two republics. UNICEF has worked with the three United Nations Country Teams (UNCTs), and especially with the United Nations Development Programme, the World Health Organization (WHO) and the Office for the Coordination of Humanitarian Affairs, on a study of the health, environmental and economic status of people living in Chernobyl-affected areas and on the design of a new strategy to address their needs.

Lessons learned from past cooperation

12. All three countries ratified the Convention on the Rights of the Child at an early stage and comply with its reporting obligations. However, awareness that all elements of society have a responsibility to promote the Convention and to monitor its implementation is still limited. The significance of the Convention as a binding commitment obliging policy makers to put children first is not yet fully understood. While NGOs are playing an increasing role as providers of services for children and adolescents, UNICEF must also engage them as partners in UNICEF advocacy for children and work to promote their involvement in policy dialogue with Government and in monitoring child rights. Children and young people have already shown their potential to participate in programme design and implementation through volunteer activities, peer-to-peer education and youth media, and their participation in building awareness and monitoring needs to be structured and strengthened.

13. The experience of UNICEF and its partners clearly demonstrates that major efforts are still needed to reorient child and family policy and practice away from reliance on state-provided systems of institutionalization. These systems continue to be the usual response to children in trouble in spite of their high cost and often poor outcomes. Despite growing understanding that the family should be the primary provider of care, both local and international expertise and experience need to be brought together to stimulate these changes and help create adequate professional capacity and outreach in newly-developed family support services. As well as putting in place child and family protection policies and legislation, enforceable regulations and procedures for their effective enactment must be ensured through a combination of advocacy and technical advice.

14. Pilot initiatives have proved effective in demonstrating to national authorities the validity of new approaches and encouraging their incorporation into national policy. Successful experiences, such as services for young people, breastfeeding promotion and foster care, have spread among regions, and exchanges among the three countries have led to rapid changes in practice. Successful partnerships with local governments have led to co-financing of UNICEF-supported activities in several cases, providing a concrete example of engagement for children as a basis for advocacy. For national replication, these approaches need to be supported by well-documented methodological and technical material which can be easily disseminated and serve as the basis for developing standards.

15. The capacity of local research institutes, universities and individuals in the Russian Federation, Belarus and Ukraine for assessing the conditions of children, women and young people is considerable and should be better utilized. The perceived objectivity and neutrality of UNICEF give particular value to studies that it supports, and evidence of successful programme results has been influential in policy dialogue. However, more attention needs to be paid to measuring programme impact and outcomes in order to support advocacy and programme development, as well as to attract donor support for the continuation and extension of initiatives that UNICEF has begun.

Recommended programme cooperation, 2003-2005

	Estimated annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Integrated early childhood development				
Russian Federation	146	146	146	438
Belarus	120	118	117	355
Ukraine	162	162	162	486
HIV/AIDS and young people's health and development				
Russian Federation	313	313	313	939
Belarus	160	158	156	474
Ukraine	430	430	430	1 290
Child protection				
Russian Federation	163	163	163	489
Belarus	160	158	156	474
Ukraine	263	263	263	789
Cross-sectoral costs				
Russian Federation	250	250	250	750
Belarus	187	193	198	578
Ukraine	135	135	135	405
Subtotal	**2 489**	**2 489**	**2 489**	**7 467**

	Estimated annual expenditure (In thousands of United States dollars)			
	2003	2004	2005	Total
Other resources				
Integrated early childhood development				
Russian Federation	635	635	635	1 905
Belarus	156	156	156	468
Ukraine	500	500	500	1 500
HIV/AIDS and young people's health and development				
Russian Federation	1 400	1 300	1 300	4 000
Belarus	98	98	98	294
Ukraine	1 000	1 000	1 000	3 000
Child protection				
Russian Federation	465	465	465	1 395
Belarus	146	146	146	438
Ukraine	500	500	500	1 500
Subtotal	**4 900**	**4 800**	**4 800**	**14 500**
Total	**7 389**	**7 289**	**7 289**	**21 967**

Country programme preparation process

16. During 2001, basic data on the situation of women and children were updated and studies conducted to analyse issues of particular concern, including the causes of children's institutionalization, the situation of children and young people affected by HIV/AIDS, and the status of early childhood development (ECD) and life skills education programmes. Information generated by these studies supplemented the data available from the end-decade reports prepared in the three countries in late 2000, and from Common Country Assessments (CCAs) and the multiple indicator cluster survey conducted in Ukraine in 2000. Views and opinions on priorities for children and women were also collected in the lead-up to the Special Session on Children, in particular the intergovernmental consultations among the countries of the Commonwealth of Independent States (CIS) in Minsk and the Berlin Conference on Children in Europe and Central Asia, and through the pre-Special Session consultative processes with civil society. Young people's views were heard through the "Say Yes" campaign, the "Voices of Youth" poll and their involvement as volunteers and with NGOs.

17. Position papers for each country were prepared based on informal consultations among UNICEF, its governmental and non-governmental partners, and young people, and reviewed with counterparts in early 2002. The strategy and directions for the next cycle of cooperation were approved in formal meetings with government partners, in which NGOs and representatives of UNCTs were present. In Belarus, the Ministry of Foreign Affairs coordinated the preparation process. In Ukraine, the State Committee on Family and Youth took the lead, and in the Russian Federation, the Ministry of Labour and Social Development.

Country programme goals and objectives

18. In all three countries, the overall goal of the programme will be to reinforce the commitment of Government and civil society to the cause of children's rights and to enhance their capacity to fulfil them.

19. Through a combination of advocacy, analysis and dissemination of knowledge and best practices, and reorientation of skills and services, and in accordance with the particular situation in each country, the programme will contribute to the development of integrated policies and practices that:

(a) Ensure children's right to a good start in life within environments that support families and caregivers;

(b) Promote the provision of services, information and care for children and young people at risk of or affected by HIV/AIDS and other threats to their well-being;

(c) Promote children's right to live in a family and to be protected from neglect, abuse and exploitation, with a particular focus on those groups at greatest risk.

Relation to national and international priorities

20. Priority areas for UNICEF cooperation in 2003-2005 have been identified through the review of data from official and UNICEF-supported studies and analyses, work within UNCTs, experience gained in previous programmes, and the framework provided by the UNICEF medium-term strategic plan (MTSP) and the Millennium Development Goals.

21. The proposed programme of cooperation explicitly addresses three of the organizational priorities identified in the MTSP:

(a) Integrated early childhood development (IECD);

(b) Fighting HIV/AIDS;

(c) Improved protection of children from violence, abuse, exploitation and discrimination.

22. Elements of the two other MTSP priorities — girls' education and immunization "plus" — will be addressed through activities within the three main programmes, specifically:

(a) Life skills education in schools and young people's information activities, within the framework of the HIV/AIDS and young people's health and development programme, will equip girls for the challenges of adolescence and transition into adulthood. Special attention will be paid to reproductive health education for young girls;

(b) In Ukraine, GAVI-supported activities will be incorporated into the IECD programme to support the introduction of new vaccines into the national immunization programme.

23. The regional focus on achievement of USI will be reflected in programmes in the Russian Federation, Belarus and Ukraine as the means to eliminate IDD since

this is one of the few World Summit for Children goals that the three countries have not yet achieved. Because of the vital link between iodine deficiency and the intellectual development of the young child, these actions will form part of the IECD programme.

24. The preparation of the end-decade reports in 2000, in which NGOs and civil society were involved, showed that while most of the World Summit goals had been achieved, new challenges are emerging. These include increasing child and family poverty and family breakdown, and rising rates of child morbidity and disability. The CCAs all underline the threats posed to children by high levels of poverty, and highlight the need to maintain the quality of and access to basic services to fulfil children's rights to health and education. "Fight poverty" and "Educate every child" were selected as priorities in the "Say Yes" campaigns in the three countries. The end-decade reports strongly emphasize the need for comprehensive services for family support and for action on the issues of juvenile crime, street children and the rapid spread of substance abuse and HIV/AIDS among young people. All three CCAs also call for concerted action to address the threats posed to young people by substance abuse, risky behaviour and, above all, HIV/AIDS. Young people selected "Fight HIV/AIDS" as one of their top three priorities in the "Say Yes" campaigns.

Programme strategy

25. In order to maximize the potential of the Convention on the Rights of the Child as an agenda for action, full use will be made of the strategic advocacy opportunities provided by the 2002 reviews of the reports submitted by Ukraine and Belarus, and the preparation of the next report by the Russian Federation. The outcome of the Special Session on Children and the evolving Global Movement for Children will also provide critical occasions for advocacy. National and local child rights monitoring through ombudsmen and civil society will be promoted to expand public awareness of child rights and broad engagement in their protection. Increasingly, civil society, children and young people will participate with UNICEF and counterparts in programme design, monitoring and evaluation in order to promote and further develop viable participatory responses to the problems of children and young people.

26. The sharing of knowledge, information and experience among the three countries and among regions within the countries has been a successful strategy in creating awareness of children's issues and understanding how to address them. Governmental experience in meeting the obligations resulting from the Convention on the Rights of the Child and other child- and woman-centred conventions, as well as from commitments such as the outcome document of the Special Session on Children, "A World Fit for Children", will be shared in regional settings, including the CIS. In addition to stimulating replication of experience, knowledge shared promptly and in an accessible form provides an objective basis for policy debate, builds skills among counterparts, equips young people with essential information to make vital choices in their lives, and combats discrimination and exclusion resulting from prejudice or ignorance. The strategic use of knowledge gained through research is of proven value in influencing policy and practice. Relationships will be built with local research and analysis institutions to provide a solid intellectual foundation for advocacy and the development of tools and standards.

27. UNICEF-supported demonstration projects, small-scale and few in number, have been strategically effective in proving the feasibility of innovative approaches and in promoting their replication and incorporation into national policy and practice. These projects rely on infusing new content and approaches into existing structures rather than creating new structures and mechanisms. The judicious selection of the location and partners in these projects is critical for their successful implementation and to maximize their potential as models for replication. UNICEF-supported initiatives will continue to be tested in regions chosen for their potential as partners in developing new approaches that can subsequently be generalized.

28. In many cases, programme objectives cannot be achieved without changes in attitudes and behaviour. In addition to promoting programme objectives through advocacy at the appropriate levels, all programmes will be built on a foundation of information, education and communication activities, strategically targeted to different audiences: Government, to stimulate policy change; parliamentarians at national and local levels, to provide leadership on the legislative agenda; civil society, to promote joint advocacy initiatives; families, to reinforce their role as principal caregivers; professionals, to reorient and refresh their knowledge and encourage them to share it; young people and children, for their ability to communicate with and influence each other's behaviour; the private sector, for its growing potential to promote and sponsor the cause of children; and the media, for their unrivalled capacity to create awareness and shape public attitudes and behaviour.

29. The three main components of the proposed programme correspond to three of the MTSP priorities and take into account the remaining two priorities, specific regional and national priorities, the Millennium Development Goals and outcome of the Special Session on Children, "A World Fit for Children". Programme activities will address the specific issues identified in each country, using the appropriate mix of strategies described above. Issues relating to the well-being of children and young people identified by the United Nations report, "The Human Consequences of the Chernobyl Accident", will be addressed on a subregional basis in the Chernobyl-affected areas in the three countries. In the Russian Federation, UNICEF will continue to work within the CAP framework to address the needs of women and children affected by the situation in the Northern Caucasus.

Russian Federation

30. **IECD**. UNICEF will assist in the creation of the conceptual and practical basis for a child-friendly and family-supportive environment. Best practices will be documented to support the creation of appropriate policy and legislation, and to build partnerships with industry and Government for USI. UNICEF will promote intensified coordination among the different actors involved in ECD to build an integrated approach. Tools to develop the knowledge and skills of parents and caregivers will be designed and disseminated with UNICEF assistance. These will have a special focus on healthy nutrition, in particular exclusive breastfeeding, iodine nutrition through salt iodization, and the cognitive and psychosocial development of the young child, including children in state institutions. Expanded services for the young child and his/her parents will be built upon existing facilities for maternal and child care, such as prenatal and women's clinics, and children's polyclinics.

31. **HIV/AIDS and young people's health and development**. UNICEF will advocate for and support the development of national and local policies and action plans to protect young people at risk of HIV/AIDS through education, information and the provision of integrated health and social services specially designed for and involving young people. Based on alliances between local governments and NGOs, the experience of existing integrated services will be documented and disseminated to facilitate their replication. Opportunities to extend life skills education both within and outside the school system will be explored. UNICEF will support expanded programmes to prevent the transmission of HIV from mother to child and measures to care for children born to HIV-infected mothers. Special attention will be paid to highly vulnerable children and young people, including drug users, adolescent girls and children affected by HIV/AIDS.

32. **Child protection**. Child protection activities in all programme components will be supported by UNICEF advocacy to create a child rights-conscious policy environment. UNICEF will work to ensure that all legislation, standards and practices relevant to children's and young people's rights conform with the Convention on the Rights of the Child, and that best practices on implementing and monitoring the Convention are documented and publicized. Broad alliances of practitioners, parliamentarians and other policy makers, and the media will support and sustain this environment. The experience of regional Ombudsmen for Children's Rights will be drawn upon in the planned establishment of a federal Ombudsman and in the development of civil society initiatives to advocate for and monitor children's rights. UNICEF will help to address the special protection needs of highly vulnerable children and their families (street children, children in state care, disabled children and children in conflict with the law) through the development of legislative frameworks, multisectoral approaches and services aimed to prevent institutionalization and family breakdown; and training to strengthen the capacity and skills of caregivers and parents.

Belarus

33. **IECD**. UNICEF will support the creation of integrated policies, practices and services to promote the physical, psychosocial and cognitive development of the young child. Early learning and early stimulation within families and in pre-school facilities will be promoted through the development of materials and programmes for parental education and professional training. Efforts towards attaining USI will continue, with a special emphasis on legislation, monitoring and quality assurance. UNICEF support to promote exclusive breastfeeding will be maintained. Systems to monitor MCH will be improved, and primary health care approaches for mothers and children will be promoted.

34. **HIV/AIDS and young people's health and development**. UNICEF will assist in the development of integrated policies aimed at the prevention of HIV and risky behaviour among young people, with the objective of reducing the rates of HIV infection and protecting young people against related threats to their well-being and development, especially substance abuse and STIs. Activities will involve young people and have a special focus on high-risk groups, including adolescent girls and drug users. The dissemination of best practices will lead to the expanded availability of and access to youth-friendly health and information services through the reorientation of the existing network of services and the creation of safe spaces.

Healthy lifestyles and life skills education in and out of schools will be expanded with UNICEF assistance, engaging young people as peer educators and through youth media. Support will be provided for the integration of PMTCT into MCH services and for the provision of care for children born to HIV-infected mothers and their families.

35. **Child protection**. UNICEF-supported child protection activities will focus on promoting policies that safeguard the rights of especially vulnerable children, including children in state care and disabled children, and creating favourable public attitudes towards these children through education and awareness campaigns. The rights of these groups to alternative, non-institutional care will be promoted with UNICEF assistance through the development of family-based alternatives, including foster care, the creation of opportunities for employment and social integration, and the progressive transformation of state institutions. Work will continue on the development of a juvenile justice system focusing on prevention and employing restorative approaches. UNICEF will continue to advocate for the intensification of child rights monitoring and implementation through national mechanisms, including the creation of an Ombudsman.

Ukraine

36. **IECD**. Every child's right to a good start in life, to adequate nutrition and to a safe and supportive environment will be promoted through the development of integrated public policy, legislation and standards. UNICEF will help to build the knowledge of parents and caregivers about ECD and the capacity to deliver services for young children through the dissemination of information and through training and education activities. UNICEF will pursue the objective of USI through a combination of high-level advocacy for national legislation, partnerships with producers, and the creation of consumer awareness and demand. New vaccines and the skills needed to apply them will be introduced through activities supported by the GAVI initiative.

37. **HIV/AIDS and young people's health and development**. The main objectives of the UNICEF-supported programme will be to protect young people from HIV/AIDS and other associated threats to their health (substance abuse and STIs), and to provide care for children affected by HIV/AIDS. New approaches to the provision of youth-friendly health care, information, education and social services will be developed building on existing services and systems. Life skills learning opportunities with a focus on issues facing adolescent girls will be provided in and out of school. All of these actions will involve young people in their design, implementation and monitoring, and will generate best practices for dissemination. Behavioural changes in young people will be promoted through communications, peer-to-peer programmes and social mobilization. UNICEF will continue to support the development of national PMTCT of HIV policy and programmes through their integration into maternal health services, and the provision of care for children born to HIV-infected mothers and their families.

38. **Child protection**. UNICEF will promote the development of policy as well as the standards and legal and regulatory frameworks needed to ensure the right of children to be protected from neglect, abuse and exploitation. Public awareness campaigns will help to build understanding of the rights of children and promote

positive attitudes towards them. Children from especially high-risk groups (those in state care, street children, victims of abuse and disabled children) will be the focus of UNICEF-supported efforts to develop alternative non-institutional forms of care and services to meet their needs. UNICEF will assist efforts to put in place a system to address the issue of children in conflict with the law. The system will be based on the principles of the Convention on the Rights of the Child, providing alternatives to deprivation of liberty, restorative justice and the reintegration of young offenders.

39. **Cross-sectoral costs**. In each country, programmes will be supported by an allocation of funds to meet the costs of shared staff capacity for the planning, management and monitoring of programmes.

Monitoring and evaluation

40. An Integrated Monitoring and Evaluation Plan will be designed in each country. Monitoring and evaluation activities will be built into each programme component and brought together by a designated focal point in each office. Efforts will be made to improve the capacities of counterparts, including civil society and young people, and to increase their involvement in monitoring and evaluation and strengthen relationships with national research and academic institutes. Lessons learned will be shared systematically with counterparts for advocacy purposes. The programme will also monitor the situation of children in relation to the observations of the Committee on the Rights of the Child on each country. As part of the plan, data collection, disaggregation and analysis will be improved, data gaps will be identified and efforts made to fill these gaps. During the programme period, a broad-based analysis of the situation of women and children in the three countries will be carried out, building on work done during programme preparation. Specific indicators will be developed to monitor progress towards the targets identified in the MTSP. Strategic evaluations will be carried out in selected areas to assess progress towards key outcomes and, in accordance with programme strategy, to document lessons learned and best practices.

41. Continuous monitoring will be undertaken through field visits and dialogue with counterparts. Annual reviews will provide guidance on programme progress and the need for reorientation of programme activities. A mid-term review to be carried out in 2004 will be the starting point for the preparation of the next programme of cooperation.

Collaboration with partners

42. Major UNICEF partners will be the national Governments of the three countries. Governments and administrations at the subnational level will be important allies in programme implementation, especially for the design and testing of innovative approaches. The emerging alliances for children and young people among NGOs and civil society will be increasingly involved in UNICEF-supported activities, and especially active in advocacy and monitoring. Young people will continue to participate in all aspects of programme design, implementation and monitoring. The capacity to analyse the situation of women and children and to design actions to address their needs will be extended by building relations among UNICEF, its existing partners, and academic and research institutions both within

and beyond the three countries. The potential of the private sector to engage in advocacy and resource mobilization partnerships for children will be explored.

43. UNICEF will continue to be an active partner in the UNCTs and theme groups, seeking opportunities for joint programme development and advocacy on women's and children's rights. The country teams will coordinate their efforts to obtain resources for social development in the Chernobyl-affected areas and for the fight against HIV/AIDS within the theme group and Joint United Nations Programme on HIV/AIDS mechanisms. In Ukraine, the country team will assist the Government in its partnership with the Global Fund on AIDS, Tuberculosis and Malaria. Partnerships with specific agencies will be developed further, for example, with the International Labour Organization in the Russian Federation for work on street children and with WHO in Belarus on MCH. Relations with the World Bank on child protection and HIV/AIDS prevention in the Russian Federation will be developed, and other areas of potential collaboration with the Bank and the European Union, for example, in Belarus and Ukraine on Chernobyl-related issues, will be explored.

44. UNICEF will continue to build its relationships with major funding partners, both locally and internationally, for example, with the United Nations Foundation for young people's health and development and with Kiwanis International for USI. GAVI is expected to support immunization activities in Ukraine.

Programme management

45. The major governmental coordinating bodies for programme implementation will be the Ministry of Foreign Affairs of Belarus, the State Committee on Family and Youth in Ukraine, and the Ministry of Labour and Social Development in the Russian Federation.

46. Programme management, coordination and operations capacity available in the UNICEF Area Office in Moscow is shared between the Russian Federation and Belarus. The area representative, supported by area and country management teams, is responsible for representational functions in the Russian Federation and Belarus, and the coordination of these programmes is the responsibility of the programme coordinator based in Moscow. The area representative is also responsible for the emergency programme in the Northern Caucasus. The Ukraine office will function as a full country office headed by a representative responsible for programmes and operations management. Frequent exchanges among programme staff from the three countries ensure the identification of opportunities for joint activities, for example, the design of training materials and the documentation of new approaches. The area operations officer provides oversight of operations functions in the Russian Federation and Belarus and for the emergency programme. Responsibility for several significant functions, including management of ProMS (Programme Manager System) and funds monitoring and reporting has now been devolved to the offices, increasing their autonomy. The capacity to analyse the situation of women and children and to monitor and evaluate programme activities will be increased through training for staff and the creation of partnerships with specialized institutions. Specific skills needed to achieve the programme objectives, especially programme communications to support behaviour and attitude change, will be acquired through staff capacity-building and the engagement of external expertise

where necessary. In the Russian Federation, the emergency assistance programme in the Northern Caucasus will come under the guidance of the area representative, with a team of staff working in Moscow and at two field locations (Vladikavkaz and Nazran) and supported by the operations capacity of the Moscow office. The management structure will be kept under continuous review to ensure that it is adapted to the evolving situation in the Northern Caucasus and to the outcome of fund-raising undertaken through the CAP.

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : RUSSIAN FEDERATION
PROGRAMME: 2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
INTEGR.EARLY CHILD DEVELOPMENT	438,000		438,000	0	0	0	0	0	0	0	1	0	1	0	179,047	179,047
HIV/AIDS,Y.PEOPLE'S HEALTH/DEV	939,000		939,000	0	0	0	0	0	0	0	1	0	1	0	179,047	179,047
CHILD PROTECTION	489,000		489,000	0	0	0	0	0	0	0	1	0	1	0	179,047	179,047
CROSS-SECTORAL COSTS	750,000		750,000	0	0	0.25	0	0	0	0.25	1	1	2.25	113,287	361,191	474,478
XX999			0	0	0	0.75	0	0	0	0.75	0	0	0.75	0	0	0
TOTAL RR	2,616,000		2,616,000	0	0	1	0	0	0	1	4	1	6	113,287	898,332	1,011,619
OTHER RESOURCES :																
INTEGR.EARLY CHILD DEVELOPMENT		1,905,000	1,905,000	0	0	0	0	0	0	0	0	1	1	0	68,756	68,756
HIV/AIDS,Y.PEOPLE'S HEALTH/DEV		4,000,000	4,000,000	0	0	0	1	0	0	1	0	2	3	426,274	118,436	544,710
CHILD PROTECTION		1,395,000	1,395,000	0	0	0	0	0	0	0	0	1	1	0	68,213	68,213
NORTHERN CAUCASUS EMERG.PROG.			0	0	0	0	1	0	0	1	3	4	8	426,274c/	454,956	881,230
TOTAL OR		7,300,000	7,300,000	0	0	0	2	0	0	2	3	8	13	852,548	710,361	1,562,909
TOTAL RR & OR	2,616,000	7,300,000	9,916,000	0	0	1	2	0	0	3	7	9	19	965,835	1,608,693	2,574,528
SUPPORT BUDGET	Operating costs		417,192													
	Staffing			0	1	0	0	1	0	2	1	3	6	848,899	477,601	1,326,500
GRAND TOTAL (RR + OR + SB)				0	1	1	2	1	0	5	8	12	25	1,814,734	2,086,294	3,901,028
Number of posts and staff costs:																
Current programme cycle										6	5	5	16			
At the end of proposed programme cycle (indicative only)										5	8	12	25	1,814,734	2,086,294	3,901,028

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.
c/ Funded under Consolidated Emergency Appeal

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BELARUS
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
INTEGR.EARLY CHILD DEVELOPMENT	355,000		355,000	0	0	0	0	0	0	0	1	0	1	0	69,370	69,370
HIV/AIDS,Y.PEOPLE'S HEALTH/DEV	474,000		474,000	0	0	0	0	0	0	0	1	0	1	0	69,370	69,370
CHILD PROTECTION	474,000		474,000	0	0	0	0	0	0	0	1	0	1	0	69,370	69,370
CROSS-SECTORAL COSTS	578,000		578,000	0	0	0	0	0	0	0	1	2	3	338,000	154,184	492,184
TOTAL RR	1,881,000		1,881,000	0	0	0	0	0	0	0	4	2	6	338,000	362,294	700,294
OTHER RESOURCES :																
INTEGR.EARLY CHILD DEVELOPMENT		468,000	468,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV/AIDS Y.PEOPLE'S HEALTH/DEV		294,000	294,000	0	0	0	0	0	0	0	0	1	1	0	43,361	43,361
CHILD PROTECTION		438,000	438,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		1,200,000	1,200,000	0	0	0	0	0	0	0	0	1	1	0	43,361	43,361
TOTAL RR & OR	1,881,000	1,200,000	3,081,000	0	0	0	0	0	0	0	4	3	7	338,000	405,655	743,655
SUPPORT BUDGET	Operating costs		180,173													
	Staffing			0	0	0	0	0	0	0	1	1	2	0	136,706	136,706
GRAND TOTAL (RR + OR + SB)				0	0	0	0	0	0	0	5	4	9	338,000	540,361	878,361
Number of posts and staff costs:																
Current programme cycle											4	3	7			
At the end of proposed programme cycle (indicative only)										0	5	4	9	338,000	540,361	878,361

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : UKRAINE
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
INTEGR.EARLY CHILD DEVELOPMENT	486,000		486,000	0	0	0	0	0	0	0	1	0	1	0	81,876	81,876
HIV/AIDS,Y.PEOPLE'S HEALTH/DEV	1,290,000		1,290,000	0	0	0	0	0	0	0	1	0	1	0	81,876	81,876
CHILD PROTECTION	789,000		789,000	0	0	0	0	0	0	0	1	1	2	0	125,296	125,296
CROSS-SECTORAL COSTS	405,000		405,000	0	0	0	0	0	0	0	1	2	3	0	165,355	165,355
TOTAL RR	2,970,000		2,970,000	0	0	0	0	0	0	0	4	3	7	0	454,403	454,403
OTHER RESOURCES :																
INTEGR.EARLY CHILD DEVELOPMENT		1,500,000	1,500,000	0	0	0	0	0	0	0	0	1	1	0	43,420	43,420
HIV/AIDS,Y.PEOPLE'S HEALTH/DEV		3,000,000	3,000,000	0	0	0	0	0	0	0	1	0	1	0	81,876	81,876
CHILD PROTECTION		1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		6,000,000	6,000,000	0	0	0	0	0	0	0	1	1	2	0	125,296	125,296
TOTAL RR & OR	2,970,000	6,000,000	8,970,000	0	0	0	0	0	0	0	5	4	9	0	579,699	579,699
SUPPORT BUDGET	Operating costs		196,704													
	Staffing			0	0	1	0	0	0	1	2	0	3	542,495	183,752	726,247
GRAND TOTAL (RR + OR + SB)				0	0	1	0	0	0	1	7	4	12	542,495	763,451	1,305,946
Number of posts and staff costs:																
Current programme cycle										2	6	3	11			
At the end of proposed programme cycle (indicative only)										1	7	4	12	542,495	763,451	1,305,946

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.